

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

ADDRESS (number and street) ▼

145 KIMEL PARK DRIVE SUITE 120

☐ Check if different than previously reported. (ACC)

WINSTON-SALEM

NC

27103

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00435651

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Theodore C. Fyock

Signature of Treasurer

Mr. Theodore C. Fyock

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		48701.94
(b) Cash on Hand at Beginning of Reporting Period.....	54751.94	
(c) Total Receipts (from Line 19)	11200.00	33750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65951.94	82451.94
7. Total Disbursements (from Line 31)	38506.00	55006.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27445.94	27445.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11200.00

33750.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11200.00

33750.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

11200.00

33750.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

11200.00

33750.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

11200.00

33750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	506.00	506.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	506.00	506.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	38000.00	53500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38506.00	55006.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38506.00	55006.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11200.00	33750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11200.00	33750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	506.00	506.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	506.00	506.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Terrence Almengual

Mailing Address 4248 Saddlewood Forest Drive

City State Zip Code
 Winston-Salem NC 27106

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Vincent Castellano III

Mailing Address 5452 Brookberry Farm Road

City State Zip Code
 Winston-Salem NC 27106

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Simon Chao

Mailing Address 1111 Downing Creek Court

City State Zip Code
 Winston-Salem NC 27106

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.4977

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. David Colonna

Mailing Address 387 Cedar Trails

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2014

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period

400.00

\$200/Monthly less \$200

Full Name (Last, First, Middle Initial)

B. Dr. Kumar Dongre

Mailing Address 20425 Staghorn Court

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Paolo Flezzani

Mailing Address 3270 Beroth Road

City

Pfaftown

State

NC

Zip Code

27040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.4980

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Gendrachi Jr.

Mailing Address 3748 Burbank Lane

City State Zip Code
 Winston-Salem NC 27106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Greg Hardie

Mailing Address 1619 Appian Way

City State Zip Code
 Clemmons NC 27012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. George Hertz

Mailing Address 4232 Lake Cliffe Drive

City State Zip Code
 Clemmons NC 27012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Curtis Johnsrude

Mailing Address 4416 Bent Tree Farm Road

City State Zip Code
 Winston-Salem NC 27106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4984

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Daniel Kennedy

Mailing Address 4255 Foxbury Court

City State Zip Code
 Winston-Salem NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Frederick Alan Koontz

Mailing Address 4246 Allistair Road

City State Zip Code
 Winston-Salem NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4986

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 10 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joseph McConville

Mailing Address 3120 Millhaven Lake Drive

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4987

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Middleton

Mailing Address 1901 Buena Vista Road

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

c. Charles Derek Reid

Mailing Address 2145 Cherrywood Drive

City

Clemmons

State

NC

Zip Code

27012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Michael Scannell

Mailing Address 2185 Knight Road

City State Zip Code
 Kernersville NC 27284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B. Dr. Benzion Schkolne

Mailing Address 300 Beechcliff Court

City State Zip Code
 Winston-Salem NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

C. Dr. Ronald Waterer

Mailing Address 689 Lichfield Drive

City State Zip Code
 Winston-Salem NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.4992

Amount of Each Receipt this Period

600.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Winters

Mailing Address 4180 Dimholt Court

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.4993

Amount of Each Receipt this Period

600.00

\$200/Monthly

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

11200.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has 10 evenly spaced vertical hangers. The bottom beam has 10 evenly spaced vertical hangers. The left vertical support is a single line. The right vertical support is a single line. The frame is open on the right side.

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. BROCK FOR SENATE

Mailing Address 160 New Hampshire Court

City	State	Zip Code
Mocksville	NC	27028

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 34

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB29.4960

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS TO ELECT BERT JONES

Mailing Address 299 FAIRFIELD ROAD

City	State	Zip Code
REIDSVILLE	NC	27320-8293

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB29.4959

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT DONNY LAMBETH

Mailing Address 4627 S MAIN STREET

City	State	Zip Code
WINSTON-SALEM	NC	27127

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB29.4954

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. CONRAD COMMITTEE FOR NC HOUSE

Mailing Address 4004 PEMBERTON COURT

City WINSTON-SALEM	State NC	Zip Code 27106
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Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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State: NC District:

Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2014

Transaction ID : SB29.4947

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. DOLLAR FOR HOUSE

Mailing Address P.O. Box 1352

City Cary	State NC	Zip Code 27512
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Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

State: NC District: 36

Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB29.4972

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ED HANES FOR NORHT CAROLINA COMMITTEEMailing Address 380-H KNOLLWOOD STREET
SUITE 191

City WINSTON-SALEM	State NC	Zip Code 27104
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Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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State: NC District:

Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB29.4952

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JERRY TILLMAN FOR NC SENATE

Mailing Address 1207 DOGWOOD LANE

City	State	Zip Code
ARCHADALE	NC	27263

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 29

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

Transaction ID : SB29.4961

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOYCE KRAWIEC FOR NC SENATE

Mailing Address 7030 INTERLAKEN DRIVE

City	State	Zip Code
KERNERSVILLE	NC	27284

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 31

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

Transaction ID : SB29.4966

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JULIA HOWARD FOR HOUSE COMMITTEE

Mailing Address 330 S. Salisbury Street

City	State	Zip Code
Mocksville	NC	27028

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 79

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

Transaction ID : SB29.4953

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. MIKE ROBINSON FOR NC SUPREME COURT

Mailing Address PO BOX 97275

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

Transaction ID : SB29.4973

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MOORE CITIZENS FOR BOLES

Mailing Address 425 W PENN AVENUE

City	State	Zip Code
SOUTHERN PINES	NC	28327

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

Transaction ID : SB29.4957

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NC HEALTHY LEADERSHIP COMMITTEE

Mailing Address P.O. BOX 1054

City	State	Zip Code
MORRISVILLE	NC	27560

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 41

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

Transaction ID : SB29.4951

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. SARAH STEVENS FOR HOUSE

Mailing Address PO BOX 667

City MOUNT AIRY	State NC	Zip Code 27030
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Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB29.4955

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SOUCEK FOR NC SENATE

Mailing Address 313 WILLIAMS RIDGE ROAD

City BOONE	State NC	Zip Code 28607
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Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 45

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB29.4970

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WILLIAM BRISSON FOR NC HOUSE

Mailing Address P.O. BOX 531

City DUBLIN	State NC	Zip Code 28332
----------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB29.4958

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

38000.00
